Case 19-17336-pmm Doc 31 Filed 05/07/20 Entered 05/07/20 16:03:43 Desc Main Page 1 of 2 Document

Fill in this information	to identify your case:	
Debtor 1	Raphael D. Urena Gonzalez	
Debtor 2 (Spouse, if filing)		
United States Bankru	ptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	_
Case number 19	-17336	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Form	<u> 1061</u>	MM / DD/ YYYY
Cabadula I.	Varus Income	

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	■ Employed	☐ Employed
	attach a separate page with information about additional		☐ Not employed	■ Not employed
	employers.	Occupation	Driver	
	Include part-time, seasonal, or self-employed work.	Employer's name	Transforce Inc	
	Occupation may include student or homemaker, if it applies.	Employer's address	5520 Cherokee Ave, Suite 200 Alexandria, VA 22312	
		How long employed ti	here? 2 months	

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 3,792.93 0.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 3. 465.61 0.00 Calculate gross Income. Add line 2 + line 3. 4,258.54 0.00

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Raphael D. Urena Gonzalez	_	Case	number (<i>if known</i>)	19-1733	<u>`</u>	
					Debtor 1		tor 2 or	
	Cop	by line 4 here	4.	\$	4,258.54	\$	0.00	-
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	701.97	\$	0.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	_
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	-
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	-
	5e.	Insurance	5e.	\$ \$	0.00	\$	0.00	- :
	5f. 5g.	Domestic support obligations Union dues	5f. 5g.	\$ 	0.00	\$	0.00	-
	5h.	Other deductions. Specify:	5h.+	· : —		+ \$	0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.	\$	701.97	\$	0.00	=
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	* — \$	3,556.57	\$	0.00	-
				Ψ_	3,330.37	Ψ	0.00	-
8.	8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive						
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$-	0.00	\$	0.00	_
	8e.	Social Security	8e.	\$	0.00	\$	0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$	0.00	-
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	_
	8h.	Other monthly income. Specify: Pro-rated tax refund	8h.+	- \$	500.00	+ \$	0.00	-
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	500.00	\$	0.00	0
10	Cal	culate monthly income. Add line 7 + line 9.	10. \$		4,056.57 + \$	0.4	00 = \$	4,056.57
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. ψ		4,030.37 + Ψ_	0.0	<u> </u>	4,050.57
11.	1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00							
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies							· -	4,056.57
							Combin	
13.	Do ; ■	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	?				monthi	y income
	_							1